

# Bigby Law Office

## BANKRUPTCY QUESTIONNAIRE

Please read every page of this questionnaire. Answer every question. If it does not apply to you, then state that it doesn't apply. This is the best way to have your case filed quickly.

CORRESPONDS WITH OFFICIAL FORM 101 - PETITION

WHAT IS YOUR NAME? (Last, First, Middle)	WHAT IS YOUR SPOUSE'S NAME? (Last, First, Middle)  <input type="checkbox"/> No Spouse		
WHAT OTHER NAMES have you used in the last 8 years?  <input type="checkbox"/> Check if NONE	WHAT OTHER NAMES has your spouse used in the last 8 years?  <input type="checkbox"/> Check if NONE		
ARE YOU: <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Married IF YOU ARE DIVORCED, BRING COPY OF DECREE OF DIVORCE TO US AND ADDRESS OF FORMER SPOUSE  ADDRESS OF FORMER SPOUSE			
HOW MANY PEOPLE live in your household?	LIST EVERYONE WHO LIVES IN YOUR HOUSE		
NAME	AGE	Relationship	Contribute Income? How?
WHAT IS YOUR Social Security number?	WHAT IS YOUR SPOUSE'S Social Security number?  <input type="checkbox"/> No Spouse		
WHAT IS YOUR <b>PHYSICAL</b> HOME ADDRESS? (Street, City, State, Zip and COUNTY)	WHAT IS THE <b>PHYSICAL</b> HOME ADDRESS OF YOUR SPOUSE? (Street, City, State, Zip and COUNTY)		
If you Do NOT get your mail at home, list that address.  <input type="checkbox"/> Check if SAME	If your spouse does NOT get his/her mail at home, list that address.  <input type="checkbox"/> Check if SAME		
LIST ALL Addresses where You have Lived in the Last 3 Years	<input type="checkbox"/> Check if you have lived at your current address for 3 years.		
ADDRESS	Moved In	Moved Out	

DO YOU OWN ANY KIND OF FULL OR PART-TIME BUSINESS?  Yes  No  
 IF YOU OWN A BUSINESS, what is the Name and Address of that Business.

List any business names or Employer Identification Numbers (EINs) you have used in the past 8 years.

Have YOU Filed Bankruptcy in the LAST EIGHT YEARS?  Yes  No  
 Has YOUR SPOUSE Filed Bankruptcy in the LAST EIGHT YEARS?  Yes  No

IF EITHER QUESTION WAS MARKED YES COMPLETE THE DETAILS BELOW:

NAME of Person who filed bankruptcy	WHERE FILED	CASE NUMBER	DATE FILED

Are there any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?  Yes  No

Name	Case Number	Date Filed
Relationship	District	Judge

Do you own any property that is a threat or a possible threat to public health or safety?  Yes  No

Do you own any property that needs urgent attention?  Yes  No If Yes, please specify below.  
*For example, perishable goods, or livestock that must be fed, or a building that needs urgent repairs*

What is the hazard?

If immediate attention is needed, why is it needed?

Where is this property?

## REAL PROPERTY

### 1. List ALL Real Estate Interests

H-HUSBAND W-WIFE J-JOINT C-COMMUNITY



List ANY and ALL property you own  MUST PROVIDE COPY OF DEED	NATURE OF DEBTORS INTEREST IN PROPERTY (Owner, Life Estate, Partial Interest)	H W J C	CURRENT MARKET VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR MORTGAGE [TOTAL VALUE]	AMOUNT OF SECURED CLAIM OR MORTGAGE [AMOUNT YOU OWE]

Do you live in a mobile home or trailer?  Yes  No If Yes. Fill out information below. MUST have Title.

Year /Brand	Creditor	HOW MUCH DO YOU OWE?	Value	Title?

Is this trailer parked on your own land?  Yes  No If No, where \_\_\_\_\_

## 2. VEHICLES

**3. YOU MUST LIST ANY AND ALL VEHICLES THAT ARE IN YOUR NAME OR YOUR SPOUSE'S NAME--This means, IF YOUR KIDS ARE DRIVING IT BUT YOUR NAME IS ON IT, IF YOU DRIVE IT AND CONSIDER IT YOURS BUT IT IS IN SOMEONE ELSE'S NAME, OR IF YOU ARE THINKING OF BUYING IT IN THE NEXT FEW WEEKS, OR EVEN IF IT IS DEAD IN YOUR YARD--LIST IT. THIS INCLUDES CARS, TRUCKS, VANS, TRACTORS, SPORT UTILITY VEHICLES, TRAVEL TRAILERS, RV's, or MOTORCYCLES.**

Year	Make/Model	Value	Creditor Name	Amount Owed

4. Do you own ANY TYPE OF RECREATIONAL VEHICLE?  Yes  No List ALL below.  
 Examples: Boats, trailers, motors, personal watercraft, ATVs, fishing vessels, snowmobiles, motorcycle accessories.

Year	Make/Model	Value	Creditor Name	Amount Owed

### SCHEDULE B - PERSONAL PROPERTY

Your ESTIMATE

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	H W J C	CURRENT MARKET VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR LIEN
6. Household Goods and Furnishings		FURNITURE, MAJOR APPLIANCES, LINENS, CHINA, KITCHENWARE  Circle those household goods that you have. Add more if necessary.		\$
7. Electronics		TELEVISIONS, RADIOS, AUDIO, VIDEO, STEREO, AND DIGITAL EQUIPMENT, COMPUTERS, PRINTERS, SCANNERS; MUSIC COLLECTIONS; ELECTRONIC DEVICES INCLUDING CELL PHONES, CAMERAS, MEDIA PLAYERS, GAME SYSTEMS  Circle those electronics that you have. Add more if necessary		\$  <input type="checkbox"/> None
8. Collectibles of Value		ANTIQUES AND FIGURINES; PAINTINGS, PRINTS, OR OTHER ARTWORK; BOOKS, PICTURES, OR ART OBJECTS; STAMP COIN, OR BASEBALL CARD COLLECTIONS; OTHER COLLECTIONS, MEMORABILIA, COLLECTIBLES.  Circle those Collectibles you have. Add more if necessary.		\$  <input type="checkbox"/> None
9. Sports and hobby Equipment		BICYCLES, POOL TABLES, GOLF CLUBS, SKIS, CANOES, KAYAKS, CARPENTRY TOOLS; MUSICAL INSTRUMENTS.  Circle equipment you have. Add more if necessary.		\$  <input type="checkbox"/> None

10. Firearms	PISTOLS, RIFLES, SHOTGUNS, AMMUNITION, AND RELATED EQUIPMENT.  Circle Firearms you have. Add more if necessary.	\$ _____  <input type="checkbox"/> None
11. Clothes	EVERYDAY CLOTHES, FURS, LEATHER COATS, DESIGNER WEAR, SHOES, ACCESSORIES.  Circle clothing you have. Add more if necessary.	\$ _____
12. Jewelry	EVERYDAY JEWELRY, COSTUME JEWELRY, ENGAGEMENT RINGS, WEDDING RINGS, HEIRLOOM JEWELRY, WATCHES, GEMS, GOLD, SILVER  Circle Jewelry you have. Add more if necessary.	\$ _____  <input type="checkbox"/> None
13. Non-farm Animals	DOGS, CATS, BIRDS, HORSES, ETC.  Circle non-farm animals you have. Add more if necessary.	\$ _____  <input type="checkbox"/> None
14. Any personal or household item not listed	Give specific Information	\$ _____  <input type="checkbox"/> None
Cash	MONEY YOU HAVE IN YOUR WALLET, IN YOUR HOME, IN A SAFE DEPOSIT BOX, AND ON HAND WHEN YOU FILE YOUR PETITION.	\$ _____
Deposits of Money	CHECKING, SAVINGS CERTIFICATES OF DEPOSIT, SHARES IN CREDIT UNIONS, BROKERAGE HOUSES.  _____ _____ _____ _____ _____ _____ _____ _____ List institutions with balance. <input type="checkbox"/> Additional Page attached	<input type="checkbox"/> No bank accounts  \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____
18. Bonds, Mutual Funds, or publicly traded stocks. List the accounts and the balances.	EXAMPLES: BOND FUNDS, INVESTMENT ACCOUNTS WITH BROKERAGE FIRMS, MONEY MARKET ACCOUNTS.  _____ _____	<input type="checkbox"/> None  \$ _____ \$ _____

<p>19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership and joint venture.</p>	<p>INTEREST IN ANY PRIVATE COMPANIES, PARTNERSHIPS, LLCs, JOINT VENTURES.</p>	<p>\$</p>	<p><input type="checkbox"/> None</p>
<p>20. Government and Corporate Bonds</p>	<p>PERSONAL CHECKS CASHIER'S CHECKS, PROMISSORY NOTES, MONEY ORDERS THAT YOU HAVE RECEIVED FROM SOMEONE.</p>	<p>\$</p>	<p><input type="checkbox"/> None</p>
<p>21. Retirement Accounts Pension Accounts.</p> <p>List any account, bring in statement of that account.</p>	<p>IRAS, 401K, 403B, ERISA, KEOGH, THRIFT SAVINGS ACCOUNTS, ANY PENSION OR PROFIT-SHARING PLAN.</p> <p>_____</p> <p>_____</p>	<p>\$ _____</p> <p>\$ _____</p>	<p><input type="checkbox"/> None</p>
<p>22. Security Deposits</p> <p>List companies and amount.</p>	<p>DEPOSITS YOU HAVE MADE WITH LANDLORDS, PUBLIC UTILITIES, TELECOMMUNICATIONS COMPANIES, ETC.</p>	<p>\$ _____</p> <p>\$ _____</p>	<p><input type="checkbox"/> None</p>
<p>23. Annuities</p>	<p>A CONTRACT FOR A PERIODIC PAYMENT OF MONEY TO YOU EITHER FOR LIFE OR FOR A NUMBER OF YEARS.</p>	<p>\$</p>	<p><input type="checkbox"/> None</p>
<p>24. Interests in an education IRA, or any type of state tuition program.</p>	<p>EDUCATION IRA, ABLE PROGRAM, TUITION PROGRAMS</p>	<p>\$</p>	<p><input type="checkbox"/> None</p>
<p>25. Trusts, equitable or future interests in property.</p>	<p>A TRUST IS A RELATIONSHIP WHEREBY PROPERTY IS HELD BY ONE PARTY FOR THE BENEFIT OF ANOTHER. TRUSTS ARE FREQUENTLY CREATED IN WILLS, DEFINING HOW MONEY AND PROPERTY WILL BE HANDLED FOR CHILDREN OR OTHER BENEFICIARIES.</p>	<p>\$</p>	<p><input type="checkbox"/> None</p>
<p>26. Patents, copyrights, and other intellectual property</p>	<p>EXAMPLES: PROCEEDS FROM ROYALTIES AND LICENSING AGREEMENTS, INTERNET DOMAIN NAMES, WEBSITES.</p>	<p>\$</p>	<p><input type="checkbox"/> None</p>
<p>27. Licenses, franchises, and other general intangibles</p>	<p>EXAMPLES: BUILDING PERMITS, EXCLUSIVE LICENSES, COOPERATIVE ASSOCIATION HOLDINGS, LIQUOR LICENSES, PROFESSIONAL LICENSES.</p>	<p>\$</p>	<p><input type="checkbox"/> None</p>

28. <b>TAX REFUND owed to you.</b>	DO YOU EXPECT TO RECEIVE A REFUND? IF SO, LET US KNOW.	\$ <input type="checkbox"/> None
29. Family support.	PAST DUE OR LUMP SUM ALIMONY, SPOUSAL SUPPORT, CHILD SUPPORT, MAINTENANCE, DIVORCE SETTLEMENT, PROPERTY SETTLEMENT.	\$ <input type="checkbox"/> None
30. Other amounts someone owes you.	UNPAID WAGES, DISABILITY INSURANCE PAYMENTS, DISABILITY BENEFITS, SICK PAY, VACATION PAY, WORKERS' COMPENSATION, SS BENEFITS; UNPAID LOANS YOU MADE TO SOMEONE ELSE.	\$ <input type="checkbox"/> None
31. Interests in insurance policies	HEALTH, DISABILITY, OR LIFE INSURANCE; HEALTH SAVINGS ACCOUNT (HSA) CREDIT, HOMEOWNER'S, OR RENTER'S INSURANCE.	\$ <input type="checkbox"/> None
32. Interest in property that is due you.	IF YOU ARE THE BENEFICIARY OF A LIVING TRUST, EXPECT PROCEEDS FROM A LIFE INSURANCE POLICY, OR ARE CURRENTLY ENTITLED TO RECEIVE PROPERTY BECAUSE SOMEONE HAS DIED.	\$ <input type="checkbox"/> None
33. Any claims against third parties - EVEN IF YOU HAVE NOT FILED A LAWSUIT OR MADE A DEMAND FOR PAYMENT.	ACCIDENTS, EMPLOYMENT DISPUTES, INSURANCE CLAIMS, OR RIGHTS TO SUE.	\$ <input type="checkbox"/> None
34. Other contingent and unliquidated claims of every nature, INCLUDING COUNTERCLAIMS OF THE DEBTOR AND RIGHTS TO SET OFF CLAIMS.	"CONTINGENT" AND "UNLIQUIDATED" BOTH MEAN THE AMOUNT IS UNDETERMINED. ENTER AN ESTIMATE OF THE AMOUNT YOU THINK THE CLAIM WILL BE.	\$ <input type="checkbox"/> None
35. List any financial assets you did not already list.		\$ <input type="checkbox"/> None
37. Do you own or have any legal or equitable interest in any <b>business-related property</b> ?	LEGAL TITLE IS ACTUAL OWNERSHIP OF THE PROPERTY. EQUITABLE TITLE IS THE RIGHT TO OBTAIN FULL OWNERSHIP OF PROPERTY, WHERE ANOTHER MAINTAINS LEGAL TITLE TO THE PROPERTY.	\$ <input type="checkbox"/> None
38. Do you own or have any legal or equitable interest in any farm or commercial fishing-related property?	IF YOU DO, LIST THEM WITH THE AMOUNT OF THAT INTEREST.	

### DEBTS

You must list EVERYONE to whom you owe money. It doesn't matter if you are keeping an item or not. There is no such thing as filing on some things and not others. The addresses need to be correct so that the creditors get notice. If they do not get notice, we may have to amend your petition which would be an added expense for you. List your mortgage, the car debts, repossessed cars, loan companies, hospital debts, anyone and everyone you think you owe money to. In Court you will have to swear that you have told them all of your creditors. This is where you do that. You will get the opportunity to look at this list before your petition is filed, but it is your responsibility to make sure that every debt is listed on your petition.

LABEL HERE TO SHOW WHO IS RESPONSIBLE FOR THIS DEBT



<b>CREDITOR'S NAME, ADDRESS, ZIP &amp; ACCOUNT NUMBER</b>	H W J C	<b>Date and Purpose of the Debt</b> Date can be approximate EXAMPLE OF PURPOSE: REPOSESSION OF VEHICLE, PERSONAL LOAN, MEDICAL, COLLECTION COMPANY	<b>Amount Owe</b>  ESTIMATE Amount changes daily
NAME: ADDRESS:  _____ #		DATE INCURRED:  PURPOSE OF DEBT:	
NAME: ADDRESS:  _____ #		DATE INCURRED:  PURPOSE OF DEBT:	
NAME: ADDRESS:  _____ #		DATE INCURRED:  PURPOSE OF DEBT:	
NAME: ADDRESS:  _____ #		DATE INCURRED:  PURPOSE OF DEBT:	
NAME: ADDRESS:  _____ #		DATE INCURRED:  PURPOSE OF DEBT:	
NAME: ADDRESS:  _____ #		DATE INCURRED:  PURPOSE OF DEBT:	
NAME: ADDRESS:  _____ #		DATE INCURRED:  PURPOSE OF DEBT:	

<b>CREDITOR'S NAME, ADDRESS, ZIP &amp; ACCOUNT NUMBER</b>	H W J C	<b>Date and Purpose of the Debt</b> Date can be approximate EXAMPLE OF PURPOSE: REPOSSESSION OF VEHICLE, PERSONAL LOAN, MEDICAL, COLLECTION COMPANY	<b>Amount Owe</b>  WE UNDERSTAND THAT THIS AMOUNT WILL CHANGE DAILY
NAME: ADDRESS: _____ #		DATE INCURRED:  PURPOSE OF DEBT:	
NAME: ADDRESS: _____ #		DATE INCURRED:  PURPOSE OF DEBT:	
NAME: ADDRESS: _____ #		DATE INCURRED:  PURPOSE OF DEBT:	
NAME: ADDRESS: _____ #		DATE INCURRED:  PURPOSE OF DEBT:	
NAME: ADDRESS: _____ #		DATE INCURRED:  PURPOSE OF DEBT:	
NAME: ADDRESS: _____ #		DATE INCURRED:  PURPOSE OF DEBT:	
NAME: ADDRESS: _____ #		DATE INCURRED:  PURPOSE OF DEBT:	
NAME: ADDRESS: _____ #		DATE INCURRED:  PURPOSE OF DEBT:	
NAME: ADDRESS: _____ #		DATE INCURRED:  PURPOSE OF DEBT:	

MAKE COPIES OF THIS SHEET IF YOU HAVE ADDITIONAL CREDITORS

**SCHEDULE G - CONTRACTS AND LEASES**

LIST ALL CONTRACTS THAT HAVE NOT BEEN COMPLETED AND LEASES STILL IN EFFECT  
(Rental leases, storage building leases, etc.)

1. Do you have any contracts or leases with anyone?  Yes  No If Yes, list below.

NAME AND ADDRESS (including zip code) of ALL PARTIES TO THE LEASE OR CONTRACT	WHAT IS THE LEASE OR CONTRACT FOR?

**SCHEDULE H - CO-DEBTORS**

List anyone else who may be responsible to pay your debts  
(Anyone listed with you on a debt)

1. Is anyone else's name on any of your debts besides you?  Yes  No If Yes, list below.

NAME AND ADDRESS OF CO-DEBTOR	NAME AND ADDRESS OF CREDITOR

## WHAT IS YOUR INCOME?

WE NEED TO KNOW HOW MUCH INCOME COMES INTO YOUR HOUSEHOLD FROM EVERY SOURCE, EACH MONTH.

Are you employed?  Yes  No If Yes, Answer below.

Is spouse employed?  Yes  No If Yes, Answer below

DEBTOR EMPLOYMENT	SPOUSE or CO-DEBTOR EMPLOYMENT
Occupation:	
Name of Employer:	
How long with Employer:	
Address of Employer	
How often do you get paid?	How often does your spouse get paid?
What are your GROSS wages each pay period?	What are the GROSS wages each pay period?

### OTHER INCOME BESIDES YOUR JOB

Sources of Income	Yourself	Your Spouse
Social Security	\$	\$
Veteran's Benefits	\$	\$
Government Assistance (Specify)	\$	\$
Government Assistance (Specify)	\$	\$
Rental Property	\$	\$
Income from operation of business or profession or farm	\$	\$
Mineral & Royalty Income	\$	\$
Pension or Retirement	\$	\$
Alimony & Spousal Support	\$	\$
Child Support Received	\$	\$
Interest Income	\$	\$
Other	\$	\$
Other	\$	\$

## WHAT ARE YOUR MONTHLY EXPENSES?

WE NEED TO KNOW HOW MUCH YOUR EXPENSES ARE EACH MONTH.

CHECK HERE IF A JOINT PETITION IS FILED AND THE DEBTOR'S SPOUSE MAINTAINS A SEPARATE HOUSEHOLD  YES

List Your Monthly Expenses			
Rent or Mortgage Payment	\$	Transportation (gas, oil changes, repairs)	\$
Is Property Tax Included? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$. \$	Recreation/club/entertainment	\$
Is Property Insurance Included? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	Charitable Contributions	\$
Lot rent for mobile home	\$	Homeowner's/Renter's Insurance	\$
Home Repairs & Upkeep	\$	Life Insurance (not if on paystub)	\$
Association or Condo dues	\$	Health Insurance (not if on paystub)	\$
Home equity Loan payments	\$	Auto Insurance	\$
Electricity, Heat, Natural Gas	\$	Other Insurance	\$
Water & Sewer & Trash	\$	Taxes not on paystubs	\$
Telephone, & cell phones	\$	Other Taxes	\$
Cable, Satellite, Internet	\$	Auto Installment Payment	\$
Other Utilities (Specify)	\$ \$	Other Installment Payments (specify)	\$
Housekeeping supplies	\$	Child Support Paid (not out of wages)	\$
Food (purchases & eating out)	\$	Spousal Support Paid (not out of wages)	\$
Clothing (for everyone in household)	\$	Support for Other Dependents	\$
Laundry & Dry Cleaning	\$	Other	\$
Medical	\$	Other	\$
Dental	\$	Other	\$
Other Expenses	\$	Other	\$

## STATEMENT OF FINANCIAL AFFAIRS FOR INDIVIDUALS FILING BANKRUPTCY

1. What is your current marital status?	<input type="checkbox"/> Married <input type="checkbox"/> Not married			
2. During the last 3 years, have you lived anywhere other than where you live now? If you answer yes, please list the address information on page 1	<input type="checkbox"/> Yes <input type="checkbox"/> No			
3. Within the last 8 years, did you ever live with a spouse or legal equivalent in any of these states: Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington or Wisconsin	<input type="checkbox"/> Yes <input type="checkbox"/> No			
4. Did you or your spouse have any income from employment or from operating a business this year or the two previous calendar years? If yes, fill out below:	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Dates</b>	<b>You (Debtor 1)</b>	<b>Spouse (Debtor 2)</b>		
	<b>SOURCES OF INCOME CHECK ALL THAT APPLY</b>	<b>GROSS INCOME</b>	<b>SOURCES OF INCOME CHECK ALL THAT APPLY</b>	<b>GROSS INCOME</b>
Jan-Dec 2016	<input type="checkbox"/> WAGES, COMMISSION, BONUSES, TIPS <input type="checkbox"/> OPERATING A BUSINESS	\$ \$	<input type="checkbox"/> WAGES, COMMISSION, BONUS, TIPS <input type="checkbox"/> OPERATING A BUSINESS	\$ \$
Jan - Dec 2015	<input type="checkbox"/> WAGES, COMMISSION, BONUSES, TIPS <input type="checkbox"/> OPERATING A BUSINESS	\$ \$	<input type="checkbox"/> WAGES, COMMISSION, BONUS, TIPS <input type="checkbox"/> OPERATING A BUSINESS	\$ \$
Jan - Dec 2014	<input type="checkbox"/> WAGES, COMMISSION, BONUSES, TIPS <input type="checkbox"/> OPERATING A BUSINESS	\$ \$	<input type="checkbox"/> WAGES, COMMISSION, BONUS, TIPS <input type="checkbox"/> OPERATING A BUSINESS	\$ \$
5. Did you or your spouse receive any OTHER income besides what you listed in question 4 during this year and the two previous years? EXAMPLES ALIMONY; CHILD SUPPORT, SOCIAL SECURITY, UNEMPLOYMENT, PUBLIC BENEFIT PAYMENTS, PENSION, ERENTAL INCOME, INTEREST, DIVIDENDS, MONEY COLLECTED FROM LAWSUITS, ROYALTIES, GAMBLING AND LOTTERY WINNINGS. IF THIS INCOME WAS RECEIVED TOGETHER, LIST ONLY UNDER DEBTOR 1. IF SO, FILL OUT BELOW				<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Dates</b>	<b>You (Debtor 1)</b>	<b>Spouse (Debtor 2)</b>		
	<b>LIST OTHER INCOME</b>	<b>AMOUNT</b>	<b>SOURCES OF INCOME</b>	<b>AMOUNT</b>
Jan-Dec 2016		\$ \$		\$ \$
Jan - Dec 2015		\$ \$		\$ \$
Jan - Dec 2014		\$ \$		\$ \$
6. Are the debts that you and your spouse owe primarily for a personal, family, or household purpose?				<input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain.

6b During the 90 days before you filed for bankruptcy, did you pay any creditor \$600 or more? If yes, please list below.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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7. In the past YEAR before filing this bankruptcy did you make a payment on a debt you owed to anyone considered an insider? Example: Did you pay any of your relatives, partners, agents for a debt you owe?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list below
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	NAME AND ADDRESS	DATES OF PAYMENT	TOTAL AMOUNT PAID	AMOUNT YOU STILL OWE	REASON FOR THIS PAYMENT

8. In the past YEAR before filing this bankruptcy did you make any payments or transfer any property on account of a debt that benefitted an outsider? Include payments on debts guaranteed or cosigned by an insider.	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list below
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	NAME AND ADDRESS	DATES OF PAYMENT	TOTAL AMOUNT PAID	AMOUNT YOU STILL OWE	REASON FOR THIS PAYMENT INCLUDE CREDITOR NAME

9. Within ONE YEAR before you filed for bankruptcy, have you been a party to any lawsuits? Attach additional information if necessary	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list below
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	CASE NUMBER AND TITLE	TYPE OF CASE	COURT	STATUS OF THE CASE

10. Have you had any of your property repossessed, foreclosed, garnished, attached, seized, or levied IN THE PAST YEAR.	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list below
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	CREDITOR NAME AND ADDRESS	DESCRIBE PROPERTY	DATE	VALUE OF THE PROPERTY

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?				<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list below
	CREDITOR NAME AND ADDRESS	DESCRIBE THE ACTION THE CREDITOR TOOK	DATE	AMOUNT
12. Within ONE YEAR before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?				<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Within TWO YEARS before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?				<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list below
	PERSON TO WHOM YOU GAVE THE GIFT AND ADDRESS	DESCRIBE THE GIFTS	DATE	VALUE
14. Within TWO YEARS before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?				<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list below
	CHARITY NAME AND ADDRESS	DESCRIBE WHAT YOU CONTRIBUTED	DATE	VALUE
15. Within ONE YEAR before you filed for bankruptcy or since, did you lose anything because of theft, fire, other disaster, or gambling?				<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list below
	DESCRIBE THE LOSS	DESCRIBE ANY INSURANCE COVERAGE FOR THE LOSS. <small>LIST AS A PENDING INSURANCE CLAIM</small>	DATE	VALUE OF PROPERTY LOST

16. Have you hired someone to prepare a bankruptcy petition for you in the past year?				<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list below	
	PREPARER	DESCRIPTION OF TRANSFER	DATE	AMOUNT	
17. Have you hired someone to deal with your creditors in the past year?				<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list below	
	PERSON PAID	DESCRIPTION OF WHAT WAS PAID	DATE	AMOUNT	
18. Within TWO YEARS of filing for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?					<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list below
	PERSON RECEIVING TRANSFER, RELATION TO YOU	DESCRIPTION AND VALUE OF PROPERTY TRANSFERRED	DESCRIBE ANY PROPERTY OR PAYMENTS RECEIVED OR DEBTS PAID IN EXCHANGE	DATE	
19. Within TEN YEARS before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary?				<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list below	
	NAME OF TRUST	DESCRIPTION AND VALUE OF THE PROPERTY TRANSFERRED	DATE OF TRANSFER		
20. Have you closed any type of bank account in the past year? EXAMPLE: CHECKING, SAVINGS, MONEY MARKET, CD'S SHARES IN BANKS, CREDIT UNIONS, BROKERAGE HOUSES, PENSION FUNDS, COOPERATIVES, ASSOCIATIONS, OR ANY OTHER FINANCIAL INSTITUTION?				<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list below	
	NAME OF FINANCIAL INSTITUTION, ADDRESS	LAST 4 DIGITS OF ACCT	TYPE OF ACCT	DATE CLOSED	LAST BALANCE BEFORE CLOSING
21. Do you have now or did you have in the past year a SAFE DEPOSIT BOX?				<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list below	
	NAME OF INSTITUTION	WHO ELSE HAS ACCESS?	STILL HAVE?	DESCRIBE THE CONTENTS	

22. Have you stored property in a STORAGE UNIT or place other than your home within ONE YEAR before you filed for bankruptcy?				<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list below
	NAME OF STORAGE FACILITY	WHO ELSE HAS ACCESS?	STILL HAVE?	DESCRIBE THE CONTENTS
23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.				<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list below
	OWNER'S NAME, ADDRESS	WHERE IS THE PROPERTY?	VALUE	DESCRIBE THE PROPERTY

# ANSWER THE FOLLOWING QUESTIONS IF BUSINESS RELATED BANKRUPTCY

THE FOLLOWING QUESTIONS ARE TO BE COMPLETED BY EVERY DEBTOR THAT IS A CORPORATION OR PARTNERSHIP AND BY ANY INDIVIDUAL DEBTOR WHO IS OR HAS BEEN, WITHIN SIX YEARS IMMEDIATELY PRECEDING THE COMMENCEMENT OF THIS CASE, ANY OF THE FOLLOWING: AN OFFICER, DIRECTOR, MANAGING EXECUTIVE, OR OWNER OF MORE THAN 5 PERCENT OF THE VOTING OR EQUITY SECURITIES OF A CORPORATION; A PARTNER, OTHER THAN A LIMITED PARTNER, OF A PARTNERSHIP, A SOLE PROPRIETOR, OR SELF-EMPLOYED IN A TRADE, PROFESSION, OR OTHER ACTIVITY, EITHER FULL OR PART-TIME.

NAME OF BUSINESS	ADDRESS OF BUSINESS	TAX ID	NATURE OF THE BUSINESS
1.			
2.			
WHEN DID YOU START THIS BUSINESS?	BEGINNING DATE	ENDING DATE	STILL IN BUSINESS?
1.			<input type="checkbox"/> yes <input type="checkbox"/> no
2.			<input type="checkbox"/> yes <input type="checkbox"/> no
<b>WHO KEEPS THE BOOKS, RECORDS AND FINANCIAL STATEMENTS for your business?</b> List all bookkeepers and accountants who within the <b>two years</b> immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.			
<b>HAVE YOUR BOOKS BEEN AUDITED IN THE PAST TWO YEARS?</b> If yes, list the firms or individuals who have audited the books.			<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>IS ANYONE ELSE IN POSSESSION OF THE BOOKS OF YOUR BUSINESS?</b> If yes, list the firms or individuals who have possession of your books.			<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>HAVE YOU GIVEN ANY FINANCIAL INSTITUTION A FINANCIAL STATEMENT IN THE PAST TWO YEARS?</b> If yes, list the firms or individuals who were given financial statements			<input type="checkbox"/> YES <input type="checkbox"/> NO

INVENTORIES - ATTACH ADDITIONAL PAGES IF NECESSARY.

No inventory

a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

IS THE DEBTOR A PARTNERSHIP?

YES  NO

CURRENT PARTNERS, OFFICERS, DIRECTORS AND SHAREHOLDERS.

LIST THE NATURE AND PERCENTAGE OF PARTNERSHIP INTEREST OF EACH MEMBER OF THE PARTNERSHIP

IS THE DEBTOR A CORPORATION?

YES  NO

LIST ALL OFFICERS AND DIRECTORS OF THE CORPORATION, AND EACH STOCKHOLDER WHO DIRECTLY OR INDIRECTLY OWNS, CONTROLS, OR HOLDS 5 PERCENT OR MORE OF THE VOTING OR EQUITY SECURITIES OF THE CORPORATION.

DO YOU HAVE A PENSION FUND?

YES  NO

IF THE DEBTOR IS NOT AN INDIVIDUAL, LIST THE NAME AND FEDERAL TAXPAYER IDENTIFICATION NUMBER OF ANY PENSION FUND TO WHICH THE DEBTOR, AS AN EMPLOYER, HAS BEEN RESPONSIBLE FOR CONTRIBUTING AT ANY TIME WITHIN **SIX YEARS** IMMEDIATELY PRECEDING THE COMMENCEMENT OF THE CASE.